

CHAPMAN UNIVERSITY

RELIGIOUS EXCEPTION FROM VACCINE REQUIREMENT REQUEST FORM

This form should be used by Chapman University undergraduate students to request an Exception based on a Religious Objection to any of the mandatory vaccinations required by the University.

Student Name (print):

DOB (month/day/year): ____ / ____ / ____ Student ID#: _____

Residential Address: _____

Student Email: _____

Note: Consistent with its values of mutual care and respect between campus community members, Chapman requires as a condition of this exception request that individuals agree to voluntarily quarantine themselves, as advised by the University, if they become sick with one of the communicable diseases for which vaccination is required or recommended, to avoid infecting others.

I agree to this requirement (please circle one): YES NO

Based on my sincerely held religious belief, practice, or observance, I am requesting an Exception to the following immunizations required by the University Policy on Vaccination Programs (list all that apply):

Please identify your sincerely held specific religious belief and explain how it prohibits the required vaccine(s):

Please provide any additional information that you think may be helpful in processing your religious objection exception request:

While my request is pending and if it is approved, and even after approval, I understand that I must comply with applicable public health directives as a condition of my physical

presence at any University site or program. I understand that in the event of a disease outbreak, I may be excluded from such University site or program in order to protect the health and safety of myself and others.

I verify the truth and accuracy of the statements in this request form.

Student Signature: _____ Date: _____

Signature of Parent or Legal Guardian for Minor Student:

Name: _____

Signature: _____ Date: _____

Received by University: _____ Received By: _____